

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Start Date _____

Full Time Part Time Temporary Referral Source _____

Name: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ SSN: _____

Email address: _____

Have you ever been convicted of or charged with a felony or misdemeanor: Yes No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

(Business References continued next page)

Name: _____
 Company: _____
 Street Address: _____
 Position: _____
 City/State/Zip: _____ Phone: _____

SCHEDULING / ACADEMIC SUBJECT INFORMATION

Place an "X" in the boxes that represent the times and days you are available to tutor.
 On Mon. – Thur., the final tutoring hour begins at 6:30 pm and ends at 7:30 pm. Friday the last hour begins at 3:30 pm and ends at 4:30 pm. Saturday hours are 9 am – 1pm. Instructors are expected to report 15 minutes prior to the start of the tutoring session.

	MON	TUE	WED	THUR	FRI		SAT
11:30 - 12:30						9:00 - 10:00	
12:30 - 1:30						10:00 - 11:00	
1:30 - 2:30						11:00 - 12:00	
2:30 - 3:30						12:00 - 1:00	
3:30 - 4:30							
4:30 - 5:30							
5:30 - 6:30							
6:30 - 7:30							

Place an "X" in the boxes that represent the subjects / academic areas that you feel confident tutoring.

- Reading
- Writing
- Basic Math
- Pre-Algebra
- Algebra
- Geometry
- SAT/ACT Test Prep
- Pre-School / Kindergarten

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize KnowledgePoints, to investigate any statement contained in this application, as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of KnowledgePoints.

Signed: _____
 Date: _____

